correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

The

Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9671 CERTIFICATE OF DEATH

Reg Dist No 96

3041	CERTIFIC TOTAL	d of Dist.	110.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Cecil	MARYLAND	STATE Virginia COUNTY	
CITY (If outside corporate limits, write I	RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	nd give nearest town)
X TOWN Perry Point	(in this place)	OR	83 X-3
HOSPITAL OR		STREET (If rural give location)	2 3
50 STREET ADDRESSVeterans Admi	nistration Hospit	al ADDRESS 1000 Prince	V
3. NAME OF (First)			Day) (Year)
DECEASED: (Type or Print) ALBERT	T.	BARR DEATH:October	6 19 55
5. SEX: 6. COLOR OR 7. SINGLE.	MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	EAR IF UNDER 24 HRS.
Male White (Specify)	Divorced 8-	-30-1884 71 yrs. Months Di	aya Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life.	OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Civil Engineer	- Retired		JSA
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
James Barr -		Clara Tarbell - Deceased	
S. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW I	unknown	Hospital Records, VAH, Perry Po	int, Md.
Y	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY			ONSET AND DEATH
002X	Draumania	1	- 1 / 3
IMMEDIATE CAUSE		bronchial, unresolved	5 to 6 days
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) Coronary so	clerosis, wevere	unknown
STATING UNDERLYING CAUSE LAST.		1 121-6 1 12	
I OTHER SIGNIFICANT CONDITIONS CO		s, pulmonary, bilateral, active	unknown
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	THE Anteriosc	clerosis generalized, severe	unknown
	FINDINGS OF OPERATION	N	20. AUTOPSY7
			YES NO
		tory. 21c. WHERE DID (City or town) (Count	(State)
OR CONTRIBUTING CAUSE OF DEATH OF	F INJURY street, office bldg.,	, etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF CITY OF CONTRIBUTION OF CONT	F INJURY street, office bldg.,	, etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF CIFE EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.	F INJURY street, office bldg., 21g INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF CIFE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.	F INJURY street, office bldg., 21g INJURY OCCURRED While Not while at work at work	, etc. INJURY OCCUR?	BENGERALING STATES
OR CONTRIBUTING CAUSE OF DEATH OF CIPE CONTRIBUTING CAUSE OF DEATH OF CIPE CONTRIBUTING CAUSE OF DEATH OF CIPE CAUSE OF DEATH OF CIPE CAUSE OF DEATH OF CIPE CAUSE OF	FINJURY street, office bldg., 21g INJURY OCCURRED While	12 , 1954, to 10-6, 1955, XNACODOMOS 11:20M, from the causes and on the date s	stated above.
OR CONTRIBUTING CAUSE OF DEATH OF CITY OF CONTRIBUTING NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M. 22. I hereby certify that Axattended the Signature Chief, Professions of Contribution	FINJURY street, office bldg., 21g INJURY OCCURRED While	12., 1954, to 10-6, 1955, XNGCX DUSANTAL LESS DAT LO. N. J. D. VAH, Perry Point, Md. 10	stated above. re signed 0-7-55
OR CONTRIBUTING CAUSE OF DEATH OF CIPE CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING	FINJURY street, office bldg., 21g INJURY OCCURRED While	12., 1954, to 10-6, 1955, XRGCDCGGCC, 1954, to 10-6, 1955, XRGCDCGGCC, 11:28M, from the causes and on the date s ADDRESS OAT ERY OR CREMATORY LOCATION (City, town, or	stated above. re signed 0-7-55 county) (State

hammand Clark (III) one (Cl

the first of the property of the first of th

BUREAU V. S.

STREET, SECTION OF THE SECTION OF TH

\$561 DE 1360 de la paramenta de manda Self de paramentos por los Avestros de Conservados with a first control of the control of the control of the control of the control of

VS. A15A - 5 - 53

9659 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0,96,66
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 92
PLACE OF DEATH: COUNTY O LANGE MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ALA. COUNTY O L	eil
CITY (If outside comporate jimits, write RURAL LENGTH OF STAY OR and give negrest form this place) TOWN CITY (If outside composite limits write RURAL and OR TOWN)	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / 10 Milburn	8t
NAME OF DECEASED: (First) ACELAIDE BENNETT 4. DATE (Month) (Da (Type or Print) ARV. ACELAIDE BENNETT DEATH (OF DEATH)	(Year) 1953
TO TO THE WINDOWED DOUDDED	YEAR IF UNDER 24 HRS. Days Hours Min.
0a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12 work done during most of week life, INDUSTRY, even the state of the life, work life, even the life, work life, work life, which is the	COUNTRY!
3. FATHERS NAME: 14. MOTHER'S MAIDEN DAME: LU-	
15. WAS DECEASED EVER WU.S. ARMED FORCES? (Yes, no or unk.) (1f Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (White and the service)	tou hul.
. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 49/X Immediate cause (a) DUE TO	INTERVAL BETWEEN ONSET AND DRATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	20. AUTOPSY? Yes 🗆 No 🗘
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) LOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 11a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bidg., etc., INJURY CAUSE OF DEATH. (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) LOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sa. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: Cla. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bidg., etc., INJURY CAUSE OF DEATH. COUNTY CO	Yes No D
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last (c) L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: CAUSE OF DEATH. 19b. MAJOR FINDING OF OPERATION: OF street, office bidg., etc., INJURY 10d. Time (Month) (Day) (Year) (Hour) OF while at work While at work 10d. Time (Month) (Day) (Year) (Hour) OF STREET, Accident Not while Work 10d. The DEATH SUIT OCCUR? While at work 10d. The DEATH SUIT OCCUR? The Properties of the remains described above, held an Autopsy Inspection Ind. That death resulted from: Natural causes Accident Not while SIGNATURE M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER	Yes No Q (State) Inquiry , and ermined cause . DATE SIGNED
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pa. DATE OF OPERATION: 19th MAJOR FINDING OF OPERATION: PRIMARY OF CONTRIBUTING OF Street, office bidg., etc., INJURY OCCURRED While at Not while work Major Finding of the remains described above, held an Autopsy Inspection of find-that death resulted from: Natural causes Accident Accident Deputy Medical Examiner Deputy Medical Examiner Deputy Medical Examiner	Yes No Q (State) Inquiry , and ermined cause . DATE SIGNED

BUREAU V. R.

SS61 2 100

DEVISOR

MARYLAND STATE DEPARTMENT OF HEALTH

9669

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

		i a vigilar piscinencia (HOME OF PEG	Diano	/	
I. PLACE OF DEATH- COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (nome) or DEC	COUNT	Y Cec	il
CITY (If outside corporate limits, write RURA) OR give nearest town)		CITY (If outside corpor OR TOWN		RURAL and gi	ve nearest to	(awa)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Be the	el St.	STREET ADDRESS	(If rural g Bethel	ive location) St.		1
3. NAME OF (First) DECEASED (Type or Print) James	(Middle) E. Bi	(Last) raywood	4. DATE OF DEATH	(Month)	(Day) 14	(Year) 1955
	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH	9. AGE last birt	hday If under Months	r I year If u	nder 24 hrs urs Min.
done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Maryland		1	2. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAME James Brayw	ood		NAME ddie Har	ris		
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (II yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-20-3643	lenora Jor	dan-117	Bethel	St.	
	18. MEDICAL CE	RTIFICATION			1.000	BETWEEN
Antecedent cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last (c)		muffering				
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 		stitel neplet	10		3 9	
19a. DATE OF OPERATION 19b. MAJOR F	NDINGS OF OPERATION				Yes 🗆	OPSY?
21. ACCIDENT (Specify) PLAC OF INJUI	E (Home, farm, factory, street, office hidg., etc.) ?Y	(CITY OR	TOWN)	(COUNTY	(ST.	ATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?			
22. I hereby certify that I attended the alive on	that death occurred at(Degree or title) M. L F NAME OF CEMETE Providence	ADDRESS Le 57. Left RY OR CREMATORY	causes and on LOCATION (City Elkton	the date so	tated above DATE / O/(Ye. SIGNED Y / W (State)
Oct 17 1 175	Jalezer	Wall Pl	3000	909 Po	plar :	000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

I

DECEUVED V. S. 1955

The

Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Si

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09668

9572 CERTIFICATI	E OF DEATH Reg. Dist	t. No. 90
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Cecil MARYLAND	STATE Maryland COUNTY Ceci	17
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
Y TOWN Perry Point, Maryland 12 Days	TOWN Rural (Rising Sun, Ma	
HOSPITAL OR SINSTITUTION OR SOSTREET ADDRESS VAH, Perry Point, Md.	STREET (If rural give location)	/
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: Harvey A.	Brown OF DEATH: 10	19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER	
Male Male widowed bivorced 7-3-	ZO yrs.	Days Hours Min.
work done during most of working life, even if retired) Tel-Lineman Telephone Company	Theodore, Maryland	COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lewis B. Brown	Martha Harris	
(Yesyes or unk.) (If Yes, given yes or kates of service) 11. 800 at 26 6256	17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry F	Point, Md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
1999 Carcinomato	osis, generalixed	Unknown
ANTECEDENT CAUSE (8)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE NONE DISEASE OR CONDITION CAUSING DEATH.		
NON8	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING \(\bigcup \) 21B. PLACE (Home, farm, fac OR CONTRIBUTING \(\bigcup \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Coun	ty) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that Kattended the deceased from 10-	3- 19 55 to 10-15-559 WXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADDRESS DA	stated above. TE SIGNED
WILLIAM M. HARRIS, Actg. Chief; Prof. Serm	WP, M.D. VAH. Perry Point, Md.	10-15-55
	TERY OR CREMATORY LOCATION (City, town, or	r county) (State)

BUREAU V. S.

AND THE REPORT OF THE PARTY OF

9361 61 130

DECENTED

OR WRITE PLAINLY, WITH

PLEASE TYPE

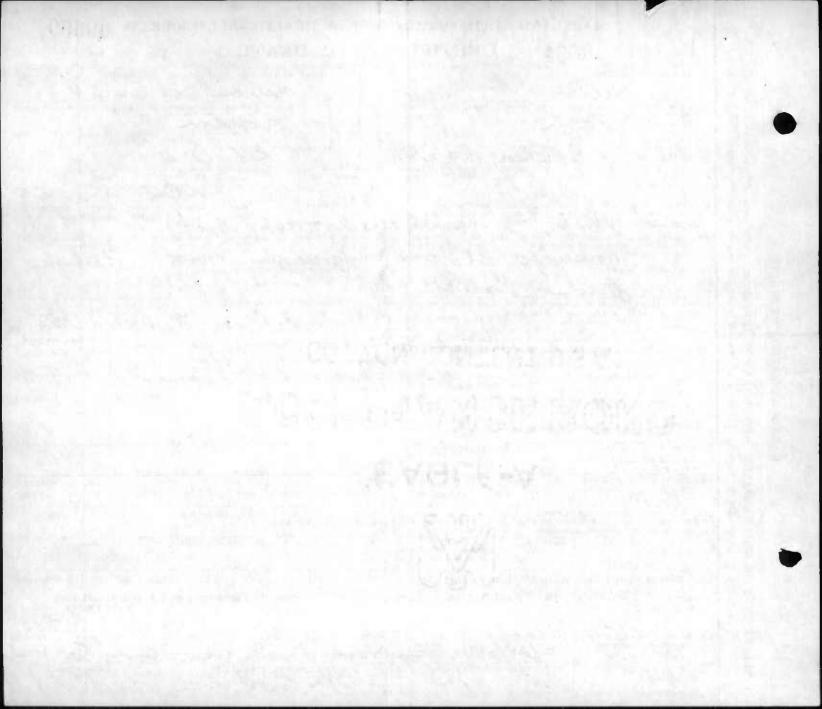
Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09669

9881 CERTIFICATE OF DEATH

Reg. Dist. No.

3032		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Becil MARYLAND	STATE Malyland COUNTY Ga	cif
CITY (If outside corporate limits, write RURAL (in this place)		and give nearest town
HOSPITAL OR INSTITUTION OR ELETON HOSPITAL	STREET ADDRESS R. F. D. # /	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Sadje	(Last) 4. DATE (Month) OF DEATH: OCT.	(Day) (Year) 25 1955
RACE WIDOWED DIVORCED.	OF BIRTH: 9. AGE last birthday Ir UNDER (Months)	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Four lwfe		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	John L. Brown R. F. D. # 1	Elkelm h
18. MEDICAL CERTIFICAT	rlón	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Arunama T	Lliver, metastatic	Unknown.
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
9/28/55. Instatate Common of l	wer premary site NOT found	YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, film, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. INJURY OCCUR? (Cour	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify/that I attended the deceased from .9/2.		
alive on 9/24/35 , 19 , and that death occurred at signature	ADDRESS	stated above.
X V	TERY OR CREMATORY LOCATION (City, town, o	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24 FUNERAL DIRECTOR	ADDRESS)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9002 CERTIFICATI	E OF DEATH Reg. Dist.	No. 7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED): ,
COUNTY CO - 1	same man la languare Co	. /
COUNTY C MARYLAND City (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Mar. / and COUNTY & CITY(If outside corporate limits, write RURAL at	od give meanest town)
OR and give nearest town) (in this place)	OR	id give nearest wwn,
2/TOWN ElKton 3 days	TOWN Rural Warwick	X
HOSPITAL OR	STREET (If rural give location)	1 1
65 STREET ADDRESS Union Hospital	ADDRESS Farm on St Augus,	ine Rd.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (D	(Year)
DECEASED:	Kworth DEATH: Oct	4 10
		1955
RACE: WIDOWED, DIVORCED,		
(Specify): /	2 1873 82 yrs. Montais Di	mys Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		COUNTRY?
even if retired): House wife	Chesepenke City, maryland	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	
· P /	Man . C	
Isaac Nedgrove	Mary Fligabeth Roe.	
IS, WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	more while out Horn K	C. / -121
A V Of service)	mrs white ook, HOZ Park	irule, Flato
18. MEDICAL CERTIFICAT	TON	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1.6.	/ / // / h.	, ,
MMEDIATE CAUSE (A) HTHE TIOSCH	entic Heart Viscose	Years
ANTECEDENT CAUSE (S)		'
0 - 1 -	more live Files	Hopaus
GIVING RISE TO THE ABOVE CAUSE DUE TO	onjes Ave I ai lave	Moors
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ,	,	
TO THE DEATH BUT NOT RELATED TO THE	no chark	
DISEASE OR CONDITION CAUSING DEATH. POST- PERO TI	IE SHOCK	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N A	20. AUTOPSY?
Runtaged neptic 11	Neer	YES NO
THE PROPERTY WAS INDEED VINCED 212 PIACE Home form for	torn Glass Willester Bir (Glass on Assa) (Ganat	(04-4)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. INJURY OCCUR? (County	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work at work		
22. I hereby certify that I attended the deceased from Det :	5 , 19 55, to Oct 7 , 1955, that I last	saw the deceased
alive on Oct 7 , 19 5, and that death occurred at		
SIGNATURE	ADDRESS DAT	E SIGNED
Walkel Olienskain M	i.D. Cocilton, md 'O	Ct 8 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)	OT ON PO	1.11-0-1
Burial 19/10/1733 Bellel	Conelly O. W. Cherapia	we way mod
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



and a region of their

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

673	CERTIFICATE	\mathbf{OF}	DEATH

1. PLACE OF DEATH:	2	2. USUAL RE	SIDENCE	(HOME) OF	DECEASED		
COUNTY Cecil MARYLAN	D	STATE V	irgini:	a COUNTY	Fa:	irfax	
CITY (If outside corporate limits, write RURAL) LENGTH	OF STAY		side corpora	te limits, write	RURAL an	d give neare	st town)
OR and give nearest town) (in thi	is piace) hs 6 Days	OR TOWN F	airfax		2'	3 X - B	
HOSPITAL OR	15 O Days	STREET	C	(If rurai giv	100		
INSTITUTION OR		ADDRESS	107 9	Hallman			1
STREET ADDRESS VA Hospital							
3. NAME OF (First) (Middle)	(La		4.	DATE (Mon		ny) (Ye	
(Type or Print) Burrell B.		ole		DEATH: L		13	55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE O	F BIRTH:	9. AGE	iast birthday		AR IF UNDER	Mln.
Male White (Specify): Single	4-7-0	02		53 угв.	MORENS DI	lys Hours	Min.
A USUAL OCCUPATION (Give kind of 108. KIND OF BUS	SINESS 1	1. BIRTHPLA	CE (State	or foreign coun	ry): 12. 0	CITIZEN OF	WHAT
work done during most of working life. OR INDOSTRI	r:	Pennsyl	venie			SA	
	1	14. MOTHER'S		NAME:	1 0	OR	
3. FATHER'S NAME:							
Fred H. Cole - Deceased		Minnie	Garlin	g - Dec	eased		
S. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECUR							
Yes no, or unk.) If Yes, give war or dates Yes of service) WW II None	J	Hospital	Record	s, VAH, I	erry P	oint, M	d
18. MEDICAL C		N				INTERVAL I	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	HTA					ONSET AND	DEATH
592×	temia					6 - 8	Weeks
IMMEDIATE CAUSE (A) RECO	o contact						
ANTEGEDENIT CALICE (8)	onia Cla	merulonep	hnitie			Unkno	wn
DISEASES OR CONDITIONS, IF ANT.	pure arou	meruronet	MILTOT2			Cilitio	****
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.				#.d			
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						unkno	74193
DISEASE OR CONDITION CAUSING DEATH.	teriosci	erosis, g	general	ized, se	vere	unkno	MII
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF	OPERATION					20. AUT	OPSY7
						YES OL	NO 🗌
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home	e. farm, factor	y, 21c. WHE	RE DID (City or town)	(Count	y) (S	tate)
R CONTRIBUTING CAUSE OF DEATH OF INJURY street,	office bldg., et	te. INJURY O					
IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY	OCCURRED	21F. HOW	DID INJUR	Y OCCUR?			
OF INJURY While No	ot while work		and a				
VA M.		1000	20.0	0 10 77 .			
22. I hereby certify that * attended the deceased fro	om 8-16	, 1955, to	0 10-2	2., 19.55 t	ARCHORISE		OCCURSON
EDUCODOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO	curred at 1	L:10PM, fro	om the ca	uses and on	the date	stated abo	ve.
SIGNATURE W. LUM		ADI	DRESS	. 4 . 4 . 312	DAT	E SIGNED	
W. OPPLER. Chiefl Professional Serv	/ices M.	D. VAH,	rerry i	orne, ma	• 11	7-24-77	
23. BURIAL, CREMATION. DATE THEREOF NAME	OF CEMETER	RY OR CREMA	TORT	OCATION (C)	ty, town, or	county)	(State)
REMOVAL ISPECIFY) 10-23-55 AT	rlington	National		Arlington	1, Va.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. PUNER	RAL DIREC		1	ADDRESS	
REGISTRAR 24-35 Inene E. Long	Leves	Penhingt	ton & S	Have Have	Total Con	aca Md	
10 - 7 - 3 3			Mr. N. W. S.			CT TO THE OWNER OF THE OWNER OWNER OF THE OWNER	

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09672 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VIRTAGE T WAY TO	2 0-1122			,
TEDICAT.	TVAMINID'S	CEBALLING	ATE OF	DEATH

oct	MARYLAND STATE DEPARTMENT OF	nealin—ballimuke, 18	Reg. Dist.
corre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 76
e c	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	10
The	COUNTY 10 er MARYLAND	STATE Ma' COUNTY OL	ell_
carefully.	CITY (If overside corporate limits, write RURAL OR and give pagest town) TOWN LENGTH OF STAY (in this place)	CITY (If otside corporate limits write RURAL OR TOWN NOUL E GET	and give nearest town)
y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location ADDRESS	on) /
clearly	3. NAME OF DECEASED A RRU. ALEXANDER.	COLF 4. DATE (Month) (Day) (Year) 9 1956
of information f death clearly		5-1671 & 3 yrs. Months	Days Hours Min.
go	10a. US AL OCCUPATION (Goe and of 10b KIND OF BUSINESS OF Work done of the property of work life, work with the property of th	R 11. BIRTHPLACE (State or foreign country):	12. CHIZEN OF WHAT
cau	13. FATHER'S NAME: Cole.	Mollieury Ha	millon
Supply every	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Harry a Cole Perry	rille had
Sup		AL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	B = - 8 = - 0	ONSET AND DEATH
INK.	Immediate cause (a)	woronary reell	eun
NG.	Antecedent cause(s) Diseases or conditions, if any, (b)		
Di	Diseases or conditions, if any, (b)		
FA	stating underlying cause last (c)		
t UNFADING.	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
dapoi	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	y, 21c. City or toyn) (County)	(State)
Zi:	PRIMARY or CONTRIBUTING OF OF INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	216 HOW DID INJURY OCCUR?	mu
PLAIN pecially	OF INJURY 2 . 7. 11 M. While at work at work	x Hellento fore la	16. 07
	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection	, Inquiry , and
ITE is es	find that death resulted from: Natural causes [], Acci	CHIEF MEDICAL EXAMINER	DATE SIGNED
WRITE ge is es	(Rele Houson	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	10-9-55
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, 1979)	county) (State)
EAS	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
PLI	BREGY 14 1955 Inene E. Daugherty	Joseph R Grant now	4 East my

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Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	
A A						

9675 CERTIFICATE OF DEATH Reg. Dist. No. 96

vie de Orace, Md.

09673

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Cecil MARYLAND	STATE Pa. COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		nd give nearest town
OR and give nearest town) (in this place)	OR DALL	
A		5 X - 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospi	STREET (If rural give location) Ltal ADDRESS 716 North Avenue	/
DECEASED:	(Last) 4. DATE (Month) (I OF DEATH: October	Ony) (Year) 17 19 55
Female White (Specify): Single 12-1	OF BIRTH: 9. AGE last birthday Funder 1 y Months D	
work done during most of working life. even if retired): Nurse 108. KIND OF BUSINESS OR INDUSTRY: Registered		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Evans - Deceased	Mary Jones - Deceased	
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates	Hospital Records, VAH, Perry P	odnt Md
100		oint, Ma.
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
420.0 Acute card	liac decompensation	Approx. 3
IMMEDIATE CAUSE (A) ACUSE CATO		weeks
ANTECEDENT CAUSE (8)	we could answer law diseases	
GIVING RISE TO THE ABOVE CAUSE DUE TO	ve cardiovascular disease	unknown
STATING UNDERLYING CAUSE LAST.	wate book at so	
	erotic heart disease	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. AFTEFLOS	sclerosis, generalized	unknown
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etcry. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that Wattended the deceased from 4-1	3 105/1 to 10=17 1055 AEVYYYY	VOLUMENT VINCENTE
20000000000000000000000000000000000000	1:00 PM, from the causes and on the date	stated above.
SIGNATURE OLG Professional Samuiana		re signed
W. OPPLER, Chief Professional Services	1. D. VAH, Perry Point, Md. 10-	-18-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) 10-18-55 UNKNOW	TERY OR CREMATORY LOCATION (City, town, or unknown Pittsb	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DECICEDAD A	7 Pennington & Son May to a son	

NUMBER OF STREET

HOMASIM PERSON DAZGERN CHI STATE OF SHAPE CO. SHOWING TO THE OF THE

DECENVE

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09674

9663 CERTIFICATE	E OF DEATH Reg. Dist.	No. 92
1. PLACE OF DEATH: COUNTY CITY (If outside comprate limits, write RURAL LENGTH OF STAY OR and give north that) HOSPITAL OR INSTITUTION OR STREET ADDRESS (M. 1944)	STATE COUNTY COU	l
3. NAME OF DECEASED: (Type or Print) 5. SEX: 6. COOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify June 1 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retire). OR INDUSTRY:	OF DEATH: OF DEATH: PUNDER IVERSITY OF STREET	Hours Min.
13. FATHER'S NAME: 15. WAR DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) 16. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	14. MOTHER'S MADEN NAME: 10 Augustus Address: Alon Fiellson Tolling	INTERVAL BETWEEN
33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO UNDERLYING TO THE ABOVE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	el Kernmorrlages witension	2 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY1
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while at work at work at work	etc. INJURY OCCUR?	/) (State)
22. I hereby certify that I attended the deceased from 7-7-10 alive on 10-11-11-11-11-11-11-11-11-11-11-11-11-1	M, from the causes and on the date s DAT D. D. CREMATORY LOCATION (City Jown, or	tated above.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR PAUL M. G. S. C.	ADDRESS

DECENTED

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WIREAU V. S.

9664 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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rect	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 92
000	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	110
The ly.	COUNTY Of LEEL MARYLAND	STATE MA' COUNTY POLL	eil
	CITY (If outside orporate limits write RURAL LENGTH OF STA	Y CITY (If outside corporate limits write RURAL and	d give nearest town)
full	OR and give regress town the place)	1 TOWN CHILLON	2.1
of information carefully. f death clearly and legib	HOSPITAL OR ANSTITUTION OR STREET ADDRESS WWW HOSPITAL	STREET ADDRESS 102. South	- · /
matio	3. NAME OF DECEASED: (First) (Midble) (Type or Print) BLANCHE	HORD 4. DATE (Month) (Da) FORD DEATH 10 7	(Year) - 1966
infor			YEAR IF UNDER 24 HRS ays Hours Min.
0 0	work done change most of which life the INOUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12.	EXPLYED OF WHAT
y every iten the causes	13. FATHER'S NAME: Feranklin Fore	14. MOTHER'S MAIDEN NAME: Chart	Tan
ply ever	15. (Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Blanche Bobbls	hey.
INK. Supply please write tl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	al accident	ONSET AND DEATH
NG II	DUE TO Antecedent cause(s)	100	
UNFADING Physicians: 1	Diseases or conditions, if any, (b)		•
I UN	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
ILY, imp	21s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., et INJURY	te.,	(State)
PLAINLY pecially in	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work		
RITE is esp	22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes (X, Accessionative)	ribed above, held an Autopsy , Inspection dident , Suicide , Homicide , Undeterment MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	Inquiry □, and rmined cause □ DATE SIGNED
age	REMOVAL (Specify):	ERY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. J. J. J. L.	24. FUNERAL DIRECTOR 2-59 E.	ADDRESS
		W. G. Lang	4.

BUREAU V. S.

9578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Cuil MARYLAND	STATE ME CERCLE	ITY
CITY (Il outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	give nearest town)
X TOWN Cheschiche City (in this place)	TOWN Town	X
HOSPITAL OR	STREET (If rural, give location)	,
INSTITUTION OR V	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Frigiels	GINN DEATH COT	25 1905
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If und	er 1 year If under 24 hrs.
male White (Specify) married	1-10-1886 69 yrs. Mont	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working Me, even if retired) INDUSTRY	Ind	COUNTRY?
12. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George H. Genn	Nora Holdsborough	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS .	, , , ,,,
(Yes, no, or unknown) (If yes, give war or dates of service)	June Fredick a Kurn Ch	whenho city
18. MEDICAL CE	ERTIFICATION	1 mis
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONGET AND DEATE
	0 ~4.	Over wer Dayle
Immediate cause (a) Osthmatic	Nonchitis	Hyears
	•	
Antecedent cause(s) Diseases or conditions, if any, (b) Chunic my oc	anditio	Jugar
glying rise to the above cause	975	
stating the underlying cause last		
(e) II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
INE. DATE OF OPERATION ING. MAJOR PINDINGS OF OPERATION		20. AUTOPSTT
A COUNTY (See ally) I DI ACE (Home form from	: (CITY OR TOWN) (COUNT	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNT	Y) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) I INJURY OCCURRED	HOW DID INJURY OCCURT	
OF While at Not While	HOW DID INJURY OCCUR!	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from april.	10, 1949, to Oct 12, 19 3 5, that I last	eaw the deceased
	3 30 1	
alive on Sah 24., 1939., and that death occurred at		stated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
At It mo	Che 1 C - m	14/1
23. BURIAL, GREMATION DATE THEREOF NAME OF CEMETE	ERY OR ORDMATORY LOCATION (City, town, or co	unty) (State)
REMOVAL (Specify)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2 DI ALL MARC 12 1 PLL LL PET	11. 15	ADDRESS
17 d /-1720/11/10 1776/ 17 17 16	77 Juste James Intalle	cur 19/1.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 RE, 18 09677 Reg. Dist. No. 96

9677	CERTIFICATE	\mathbf{OF}	DEATH	
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1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEASE	D:
COUNTY Cecil	MARYLAND	STATE Maryla	and county	
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY		rporate limits, write RURAL	and give nearest town)
OR and give nearest town) TOWN Perry Point	(in this place) 24yrs.2mo.130		imore	3Y01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESSVeterans Adm.		STREET	(If rural give location) Signature of Gleneagle Road	/
3. NAME OF (First) DECEASED: (Type or Print) JOHN	(Middle)	(Last) HENRY	4. DATE (Month) () OF DEATH: October	Day) (Year) 17 19 55
Male White (Specify): Married 4-1	14-90	65 yrs.	Days Hours Min.
work done during most of working life, even if retired): Accountant	OB, KIND OF BUSINESS OR INDUSTRY: UNKNOWN	Canada	ate or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIL	DEN NAME:	
William Her	nry		O'Connor	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT &		
(Yes. no. or unk.) (If Yes, give war or dates of service) WW I	Unknown	Hospital Rec	cords, VAH, Perry	Point, Md.
	18. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
00 XX	Tuberculos	sis, pulmonary,	far advanced	unknown
IMMEDIATE CAUSE	DUE TO active	ozo, pazmonary,	Tar advanced	- Carrional
ANTECEDENT CAUSE (8)	active			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)			
	(C)			
II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		1.01	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	DEATH	ls, chronic, no	n-specific	unknown
19A. DATE OF OPERATION: 19B. MAJOR	R FINDINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1B. PLACE (Home, farm, fac F INJURY street, office bidg.,	tory. 21c. WHERE DIE etc. INJURY OCCUR?	City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.	While Not while at work	21F. HOW DID IN.	JURY OCCUR?	
22. I hereby certify that X attended t	he deceased from 8-4	, 1931, to 10-	17 19 55 XXXXXXXXXXX	KORRODROBRER
and the signature The Signatur	d that death occurred at	3:05 PM, from the	causes and on the date	
23. BURIAL, CREMATION, DATE THERE REMOVAL (SPECIFY) 10-18-	OF NAME OF CEMET	ery or crematory ore National	Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIF		ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9555 CERTIFICATE OF DEATH

Reg	Diet	No	92

OF CHAILTOAN	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY CECIL MARYLAND	STATE M & COUNTY (COL)
CITY (if outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place)	OR TOWN FIRTON
HOSPITAL OR	STREET (If rural give location)
65 STREET ADDRESS Union Hospith	ADDRESS (A 10tal give location)
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) GRAYSON . D.	ONES DEATH: 10 23 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, WIDOWED, DIVORCED, (Specify): WIR DUED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 5-/864 7 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, even if retired):	M . 2
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	M
CHARLES M. JONES	MARGARET DAVIS
15. WAR DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
No of service)	Mrs John on McCool Head Is Cholin ha
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	Jente men Vosola Bisis arkon
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Browhistore Wohrom
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby cartify that I attended the deceased from	7.1., 1955, to Oct. 23, 1955, that I last saw the deceased
alive on 1955 and that death occurred at SIGNATURE	
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR_	The state of the s

2 °V UNATUR

9678	CERTIFICA	TE OF DE	ATH	Reg. Dist.	No. 9.7
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME)	OF DECEASED:	
COUNTY Cecil		STATE Mas	14,0 -	COUNT	147
COUNTY GCCLL CITY (If outside corporate limits, write	MARYLAND	Danaa.		its, write RURAL and	
OR and give nearest town) TOWN Bainbridge	(in this place	OR	MINIO	elrose	58× 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Nava	l Hospital	STREET		f rural give location) 66 Lebannon	St.
3. NAME OF (First) DECEASED: (Type or Print) JEFFERY	(Middle) PAUL	(Last) KEARNS	4. DATE OF DEATH:	(Month) (Day) 10 12	(Year) 19 55
RACE: WID	oowed, divorced, single	10-12-55		yrs. If UNDER 1 YEA	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINES	S OR 11. BIRTHPLAC	State or fore Maryland	C	SA
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:		
JAMES FRANCIS KEARNS		ELEANOR M			
15 WAS DECEASED EVER IN U.S.ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates a service)		Navy Records			
100 day day	18. MEDICAL CERTIFIC	-			Interval Between
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(a) ATELECTASIS, E TO (b) E TO (c)	CONGENITAL (76	21)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but					
related to the disease or condition causi	ng death.				20. AUTOPSY ?
19a. DATE OF OPERATION: 19b. MAJO	OR FINDINGS OF OPERATI	ION			20. AUTUPSI
					Warmer Na III
SUICIDE OF		street, (CITY OR TO	VN)	(COUNTY) (ST	Yes No D
SUICIDE OF INJ TIME (Month) (Day) (Year) (Hour) OF	office bldg., etc.) JURY INJURY OCCURED While at Not While	HOW DID INJU		(COUNTY) (SI	
SUICIDE OF INJ TIME (Month) (Day) (Year) (Hour) OF INJURY m.	office bldg., etc.) JURY INJURY OCCURED While at Not While Work At Work	HOW DID INJU	RY OCCUR?		(ATE)
SUICIDE 110MICIDE 1NJ TIME (Month) (Day) (Year) (Hour) OF 1NJURY m. 22. I hereby certify that I attended alive on 10-12 19.55, and SIGNATINE	office bldg., etc.) JURY INJURY OCCURED While at Not While At Work the deceased from 10- d that death occurred a (Degree or title)	How did injured to 1525, to	O-12 19 m the causes	55., that I last s	aw the deceased tated above. TE SIGNED
SUICIDE OF INJ TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended alive on 12 12 19.55, an	office bldg., etc.) JURY INJURY OCCURED While at Not While At Work the deceased from 10- d that death occurred a (Degree or title) (MC) USNR	How did injurate to 19.55, to	O-12 19 m the causes obress HE, MARYLI	55., that I last s	name the deceased tated above. TE SIGNED
SUICIDE OF INJ TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended alive on 10-12, 1955, and SIGNATIONE TO DONNIELL, LT	office bldg., etc.) JURY INJURY OCCURED While at Not While At Work the deceased from 10- d that death occurred a (Degree or title) (MC) USNR	How did injured to 1525, to	m the causes obress HE, MARYLA	55, that I last s and on the date s DAT	tated above. TE SIGNED 13-55 nty) (State)

VS. A15

2005323343

MARGIN RESERVED FOR BINDING

BUREAU V. S.

S101 27 .00

SECENTED !

e	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	09680
. T.	9666 CERTIFICATI	E OF DEATH Reg. Dis	st. No. 92
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
	COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY If outside comprate limits, write RURAL OR TOWN	and give nearest town)
information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Upin Hospital	STREET (If rural give location ADDRESS	
of	DECEASED: (Type or Print) Walter	aird OF DEATH: Oct	(Day) (Year) 10 1955
2 4	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify):	0 6 18 6 1 yrs.	Days Hours Min.
y every causes	word done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12	COUNTRY?
Supply te the c	13. FATHER'S NAME: Laird	14. MOTHER'S MAIDEN NAME: Elizabeth Jangan	2
INK. se wri	(Yes, no or u.k.) (If Yes, give war or dates of service) 16. Social Security No.	It INFORMANT & ADDRESS:	the RD:
DING:	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
< 02	DUE TO	remia	4 days
TH UNF.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Interstial Nephritis	3 yrs.
WITH nt. Phy	(C)		
INLY, mports	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ma of Prostate	Syrs.
LAIN y imp	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
RITE F	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	nty) (State)
≥ °	OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work		
E OR	22. I hereby certify that I attended the deceased from		
TYP	alive on 40ct , 1955, and that death occurred at SIGNATURE	ADDRESS DA	e stated above. ATE SIGNED
AS	M	ERY OR CREMATORY LOCATION (City, town,	
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR A T T T T T T T T T T T T	24. FUNERAL DIRECTOR	ADDRESS North East M

RUREAU V. S.

DE A MEDER

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

important. Physicians:

especially

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correct age

please write the causes of death clearly and legibly.

MADVIAND STATE DEPARTMENT OF HEALTH DALTIMODE 10

MARILAND STATE DELARIME	ENT OF HEALTH—BALTIMORE, 18	
9667 CERTIFICAT	TE OF DEATH Reg. Dist.	No. 92
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY CECIL MARYLAND	STATE Md. COUNTY CQ	cil
CITY (If outside corporate limits, write RURAL) LENGTH OF ST.	AY CITY(If outside corporate limits, write RURAL as	
OR and give nearest town) (in this place)	TOURS At	V
HOSPITAL OR	STREET (If rural give location)	7
65 STREET ADDRESS Union Hospital	ADDRESS R. D. #2	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Joseph John	(Last) 4. DATE (Month) (I OF DEATH: /0-24	Ony) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	TEOF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNDER 24 HRS.
	24, 1897 5-8 yrs. Months D	ays Hours Mln.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	
work done during most of working life, even if retired):	10:1 -/ 44 -1	L.S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4.5.1.
Tal k /	A D 1 h . 1	
15. WAR DECEASED EVER IN U.S. WAMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	4 54 4
(Yes, no, or unk.) (If Yes, give war or dates	IVOICE	ast Md
	Mrs. Esther Lynch R. D. 3	7 2
18. MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CATION	ONSET AND DEATH
	11 1	
IMMEDIATE CAUSE (A) Acute Covo	many thrombosis with myo cardia infarction	27 days
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B)		_ /
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERAT	ION	20. AUTOPSY?
	_	YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory, dg., etc. INJURY OCCUR? (County)	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURF		
OF INJURY While M. While at work at work		
22. I hereby certify that I attended the deceased from 27	Sept., 1955, to 24 Oct., 1955, that I last	saw the deceased
alive on 230cf, 1955, and that death occurred	at 5:30 A.M. from the causes and on the date s	stated above.
SIGNATURE /// // 7/	ADDRESS	E SIGNED
Blans H. Hessen	M.D. North East, Rd a	24 Oct 55
REMOVAL (SPECIFY)	ETERY OR CREMATORY LOCATION (City, town, or	county) (State)
DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE	nor Memo. Pk. R.D. Elktor	Md.
DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS Main St.
REGISTRARY 25 SIFTIAGE	Piblin Funeral Home Fil	MAINST

binFuneral Home ElAton, Md.

SOU SO TOO

STATES OF TOO

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 206 St Clar Courts
3. NAME OF DECEASED (First) (Middle) (Type or Print)	B Kid C DEATH CON LOS (Year) OF DEATH OCH 27 1957
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 18. FATHER'S NAME	11. BIRTHINACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN' NAME
(Yes, no, or unknown) (If yes, give wan or dates of unknown) service) (mknown) [8. MEDICAL CE	Mrs May Spiver Mc Bonde
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN QUEET AND DEATE
Immediate cause (a) Ceut Ony	scardial a factory distrib.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Here years a few significant conditions are significant to the disease of condition causing death.	man heart attacles
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hldg., etc.) CAUSE OF DEATH.	Pewn. R. R. Draw & S&C - (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?
	Autopsy , Inspection , Inquiry therean and from the evidence based died on the day stated above, and death in my apinian resulted undetermined . ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY, OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	110
REGULT 28/25 Dresse E. Doughert	Pennington + Son Have de Grace, mel

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BUREAU V. E.

MARGIN RESERVED FOR BINDING

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09683

	01 111111111111111111111111111111111111
9668 CERTIFICATI	E OF DEATH Reg. Dist. No. 92
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY CERCL MARYLAND	STATE Md. COUNTY Corel
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give heapson town) (in this place)	TOWN Rising Sun. Md. x
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Union Hospital	ADDRESS
OECEASED: (Type or Print) Albert SENNINGS McC	(Last) 4. DATE (Month) (Day) (Year) OF DEATH OCH, 28 1900
Male (Specify) Arried (Specify)	9. AGE last birthday IF UNDER 1 YEAR Hours Min.
NOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired and and the control of the c	State or foreign country): 12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Klasses me Cordell	ada Drennen
IS. WAR DECEATED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no or unk.) (If Yes, give war or dates of service)	Quyina Me Cardell sun
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Concerns	ing I work Das arais
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Conflar Her Cup. pet 18.
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Left I.	J., 19 J, to Och 28, 19 J that I last saw the deceased
alive on 10 18, 1955, and that death occurred at	
On & Lord Stores Out M	1.0. Elphin and dellass
REMOVAL (SPECIFY) MOVI 1956 December	ERY OR CREMATORY LOCATION (City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL/DIRECTOR ADDRESS



Item 18 Film G188 10-28-55 ams

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist.	No. 92
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1. PLACE OF DEATH-		2. USUAL RESIDENCE (I	HOME) OF DECEASI	COUNTY	
Cecil	MARYLAND	Md		Ceci	1
CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN E/Kton	(in this place)	CITY (If outside corpor OR TOWN EIKE		L and give nearest to	wn) 2/
HOSPITAL OR	Life	STREET	Of rural, give le	estion)	4
INSTITUTION OR	eth manor	ADDRESS	lingsworth		1
3. NAME OF (First)	(Middle)	(Last)	4. DATE (M	onth) (Day)	(Year)
(Type or Print) Richard	S.	MURSON	OF DEATH /	0 - 9 -	195.6
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		If under I year If ur	
M	WIDOWED, DIVORCED, (Specify) Married	April 7,1896	FA	Months Days Hou	ars Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	9 9 yrs.	12. CITIZEN	OF WAR
done during most of working life, even if retired)	INDUSTRY			COUNTRY	M WHAT
13. FATHER'S NAME	State Read	14. MOTHER'S MAIDEN	4	u.S.	A .
13. FATHERS NAME		4			
Richard Mu	FS 6 17	I haura Ho	Istan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) [(If yes, give war or dates of the control of		17. INFORMANT AND	ADDRESS 2/ H	ollingsworth	Manar
pervice) (ne)	none	Mrs. Tressa Mu	P.SON	Elkton, A	1 d.
	18. MEDICAL CE				
1. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		1	INTERVAL ONSET AN	BETWEEN D DEATH
Immediate cause (a)	Pulmon	en To		3 3	u.
Antecedent cause(s)					
Diseases or conditions, if any, (b)		00 00 1 0 1 0 0 0 0 0 0 0 0 0 0 0 1		**************************************	
stating the underlying cause last	Bronchogenio caro	inome left uppe	w lohe		
(c)	Di onchogenio care	Inoma leit appe	1 1000.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.				
19a. DATE OF OPERATION 19b. MAJOR 1				1 20. AUTO	DPSY1
21. ACCIDENT (Specify)) PLA	CE (Home, farm, factory, street,	: (CITY OR)	OWN) ((COUNTY) (STA	No [
SUICIDE OF INJ	office bldg., etc.) JRY			OUNTI) (SIA	IE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?		
INJURY m.	Work At work				
	1-1	1 /-	./		
22. I hereby certify that I attended the	e deceased from Office.	24, 1952, to 19/19	, 195 , that	I last saw the de	ceased
		21/2 1/			
alive on 10/1, 195, an	d that death occurred at. J.		causes and on the		
SIGNATURE	(Degree or title)	ADDRESS		DATE 8	IGNED
Just / en cumos	4 (7.5)	Ella	- 17/	10/1	11/15
23. BURIAL, CREMATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, tow	a, or county)	(State)
REMOVAL (Specify) 10-12-19	7.55 ELKTON		FIRTO	1	Mal
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	R	ADDRE	38
REG. Oct 10 F1	(Trasu	Pibbin Funer	14. 25	9 E. Mainst	
	To troda	HAPINIUNE	41 MAME E	Aton M	
	0		W. A. Lust	es.	
			111110	7.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

2. USUAL RESIDENCE (HOME) OF DECEASED.

1. PLACE OF DEATH:

and information clearly death item of every causes Supply te INK DING p Physicians important. RITI 2

legibly VIRGINIA COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) ALEXANDRIA TOWN PERRY POINT Lmonth8days TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS VETERANS ADMINISTRATION HOSPI 318 Duke Street 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) (Year) DECEASED NOAKES DEATH: October (Type or Print) CHARLES 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED. Hours ! (Specify): Married July White OA. USUAL OCCUPATION (Give kind of work done during most of working life, 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT OR INDUSTRY: COUNTRY? District of Columbia even if retired): Gasolene Serv.Sta. Attendant USA 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: UNKNOWN UNKNOWN 17. INFORMANT & ADDRESS: IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates YES of service) WW-II Hospital Records, VAH., Perry Point, Md. Unknown 18. MEDICAL CERTIFICATION NTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Pneumonia, bronchial, unresolved, right days IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) unknown Cor Pulmonale DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. Emphysema interstitial, due to infection unknown (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Arteriosclerosis, generalized unknown DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X NO [21A. ACCIDENT WAS UNDERLYING 21s. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while [OF INJURY .03 22. I hereby certify that X attended the deceased from Sept. 11, 1955, to Oct. 19, 19 55 that X last Naw The deceased age alive on the causes and on the date stated above. W. OPPLER, Chief, Professional Services. D. VAH. Perry Point, Md. ASE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF (State) REMOVAL (SPECIFY) Alexandria 10-20-55 /Unknown Virginia REMOVAL ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR

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TYPE

REGISTRAR

BUREAU V. S.

OCT 24 1955

TANKS OF THE ANALYSIS OF PERSONS AND PRINCIPLE OF THE PERSONS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09686

0001	CERTIFICATE	OF	DEATH

Reg. Dist. No. 96

9681	Meg. Dis	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY CECTI, MARYLAND	STATE MARYLAND COUNTY HARF	ORD
CITY (If outside corporate limits, write RURAL LENGTH OF STA (in this place)	CITY(If outside corporate limits, write RURAL OR	and give nearest town)
HOSPITAL OR	MURAL BELATE	1 d- X. d.
50 STREET ADDRESS Veterans Asministration Hosp	STREET ADDRESS General Deliver P.O.	,
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) HARRY J.	PERRINE DEATH: October	7 1955
RACE: WIDOWED, DIVORCED.	18, 1887 9. AGE last birthday IF UNDER 1 8 yrs. Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Painter 10B. KIND OF BUSINESS OR INDUSTRY: Self-employed	New York	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
ARTHUR J. PERRINE - Deceased	SARAH BENJAMIN - Decease	d
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes (15 Yes, no, or unk.) (1f Yes, give war or dates of service) WW-II 20 201 3147	Hospital Records, VAH., Perry F	Point, Md.
18. MEDICAL CERTIFIC	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Bronchopnes	umonia(following Operation)	Approx.48hr
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) COTONARY SO DUE TO	clerosis, severe	100 P 11 11 11 11 11 11 11 11 11 11 11 11 1
	rosis, generalized, severe.	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	ION	
310-5-55 Subtotal gastrectomy for	r bleeding ulcer, anterior	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 1218. PLACE (Home, farm, 10 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office block (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory. 21c. WHERE DID (City or town) (Cour. ig., etc. INJURY OCCUR?	nty) (State)
OF INJURY OF INJURY OF INJURY OF INJURY OCCURR While Not while at work at work	RED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that tattended the deceased from ot.	3rd, 1955, to Oct7, 1955, moobbe	bosostocatovass
SIGNATURE () (1) (1) (1) (1) (1) (1) (1) (1) (1)	ADDRESS DA	TE SIGNED
W. OPPLER, Chief, Professional Services		10-10-55
REMOVAL (SPECIFY) 10-8-55 D 34	e National Baltimore, Mary	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR (ADDRESS
DATE REC D BT LOCAL REGISTRAR'S SIGNATURE	THE PRINCE DIRECTOR	VDDKE33

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09687

9682 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED:
COUNTY Cecil	MARYLAND	STATE Pa	COUNTY	
CITY (If outside corporate limits, write RUF	RAL LENGTH OF STAY	CiTY(If outside o	orporate limits, write RURA	L and give nearest town)
X TOWN Perry Point	30yrs.lmo.250	aystown New	Castle	75 x 3
HOSPITAL OR SINSTITUTION OR STREET ADDRESSVeterans Admini	istration Hospit	STREET ADDRESS	(If rural give location). 8, Orchard Way	
3. NAME OF (First)		(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) ALONZO	D.	PISOR	OF DEATH: Octobe:	
5. SEX: 6. COLOR OR 7. SINGLE, MIDOWED, (Specify): 5	DIVORCED.	of BIRTH: 9 L-1889	. AGE iast birthday 15 UNDE Months	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk	KIND OF BUSINESS OR INDUSTRY: Unknown	Pennsylva	state or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA		
John Pisor	- Deceased	Elizabe	th (?) Pisor	
	6. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no or unks) (If Yes, give war or dates of service)	Unknown	Hospital Rec	ords, VAH, Perr	y Point, Md.
18. I DISEASES OR CONDITIONS DIRECTLY LE	MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
1420 1		14 THE 21 TO		
THINE DIXTE OXOGE		bronchial, u	nresolved	Approx.
ANTECEDENT CAUSE (8)	E TO			2 weeks
	в, <u>Old anteri</u> E то	or coronary i	nfarct	unknown
	C) :			
II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEA	E Antonioso	lerosis, gene	ralized, severe	unknown
	NDINGS OF OPERATION			20. AUTOPSY?
2				YES NO
OR CONTRIBUTING CAUSE OF DEATH OF I	PLACE (Home, farm, fac NJURY street, office bldg.,	etc. INJURY OCCUR	iD (City or town) (C	ounty) (State)
	Vhile Not while twork at work	21F. HOW DID II	NJURY OCCUR?	All the last
22. I hereby certify that Kattended the	deceased from 8-1.	5 , 1925, to 10	-10, 1955, Magazin	DODGOOGOOGOO
W. OPPLER Chief, Professio	hat death occurred at	9:25 am, from th	e causes and on the da	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town	
Removal 10-10-55	Plain Grove		Slippery Rock	, Pa.
DATE REC'D BY LOCAL REGISTRAR'S S		24. FUNERAL D	RECTOR	ADDRESS
10-11-55 Inene 2	· ceargins cy	Pennyhetemok	Son Pavre de	Face, Md.

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VS. A15 — 10 - 53

- MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 09688	3.
QCD2 CERTIFICATE	E OF DEATH Reg. Dist. No.	/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Cecil MARYLAND CITY (If outside corporate limits, write RURAL CITY (In this place) OR and give nearest town) TOWN (A Contract town)	STATE Md. COUNTY Cecil CITY(If outside corporate limits, write RURAL and give neare OR TOWN E/Aton	est tov
HOSPITAL OR INSTITUTION OR Morgan Nursing Home	STREET (If rural give location) R, D, #	1
DECEASED	OF	(5.4
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, WIDOWED, DIVORCED, Specify): WA. WIDOWED, DIVORCED, Octobe. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:	OF BIRTH: 9. AGE last birthday IF UNDER TYEAR HOURS 731, 1896 58 yrs. Months Days Hours 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	MI
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	٠
15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: R.D. # Mrs. Clifford Pyle Elkton. Mc	d.
18. MEDICAL CERTIFICAT		ETWE
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIF TO	Hemplegia Haag	DE
STATING UNDERLYING CAUSE LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	multiple architis 28 ye	
DISEASE OR CONDITION CAUSING DEATH		
0	20. AUT	NO [
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		tate)
OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE	B 30/ M, from the causes and on the date stated above DATE SIGNED	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or country) Cametery R.D. Chesabeak & City	(Sta
REGISTRAR	24. FUNERAL DIRECTOR 259 E MADDRESS	



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BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item

of information carefully. The

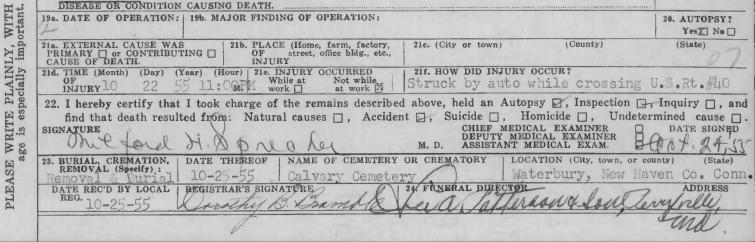
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No.

034	CERTIFICATE	OF	DEA	TH
- who			1 / 1 / /	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
county Ceeil Maryland	STATE Mary arounty Cee	11
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	
OR and give nearest town) North East Rural Lifetime	TOWN North East Rural	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) (Middle)		Ony) (Year)
	molds OF DEATH: 10- 30	0 1955
RACE: WIDOWED, DIVORCED.	9. AGE last birthday IF UNDER 1 VI	EAR IF UNDER 24 HRS. Bys Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired): Painter		USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
No record	Alice Reynolds	
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates 217-03-1523	Mrs Ethel Reynolds North	h Eest Md
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	1 Circhosis of Liver	2 yrs.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	<u> </u>	-
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
SIGNATURE Haus H. /fushur G.D.	ADDRESS ADDRESS ADDRESS M.D. ADDRESS DAT A.D. LOCATION City, town, or North Foot Co.	stated above. E SIGNED County) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS
11-2-55 Sarah G. Nothermel	Joseph R Jean North East.	Waryland

BUREAU V. S.

9625		10890
MARYLAND STATE DEPARTMENT OF J	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 97
		No.
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	# 0.0 PO
COUNTY Cecil MARYLAND	STATE Conn. COUNTY New Ha	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Painbridge LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Waterville 4	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural, give location) 1424 Thomaston Avenue	✓.
NAME OF (First) (Middle) DECEASED: (Type or Print) GUY RICHARD S	(Last) 4. DATE (Month) (Day) OF DEATH 10 23	
Male White Specify: Single 10	e of Birth: 9. AGE last birthday: IF UNDER 1 YE 18 yrs. Months Day	Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): USN 10b. KIND OF BUSINESS OF INDUSTRY:		COUNTRY? USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: (Deceased)	
Albert SAUCIER (deceased)	Alice SAUCIER (Maiden name unkno	wn)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 5/55 - 10/55	17. INFORMANT & ADDRESS: Navy Records	
	AL CERTIFICATION	Interval Between
Immediate cause (a) INJURIES MULTIPLE DUE TO	EXTREME	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)		
I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
Pla. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	,	(State)
OF 22 55 11: On while at work at work	Struck by auto while crossing L	J.S.Rt.#410



22. I hereby certify that I took charge of the remains described above, held an Autopsy Z, Inspection [], Inquiry [], and

BUREAU V. S.

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VS. A15A

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	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
X	- MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 96
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
N.	COUNTY Cecil MARYLAND	STATE Maryland COUNTY Cecil	
legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits write RURAL and	l give nearest town)
	Y TOWN 42 yrs.	Town Perryville, Rural	X
and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Home - Perryville, Rt.222	STREET (If rural, give location) ADDRESS	
N N		Route 222	
clearly	DECEASED:	ruslow 4. DATE (Month) (Day OF DEATH October 16	مےمہ
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH: 9. AGE last birthday: IF UNDER 1	//
death	Male RACE: WIDOWED, DIVORCED, (Specify): Married 9/1	(O Monthal D	
of d	10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:		CITIZEN OF WILAT
	even if retired): Plumber	Virginia	COUNTRY? USA
causes	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
1	James Edward Truslow	Unknown	
the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give war or dates of Yes, no. or unk.) (If Yes, give war or dates of Yes, no. or unk.) (11 Yes, give war or dates of Yes, no. or unk.)	I7. INFORMANT & ADDRESS:	31 3 30
	1es War 1 215-12-1865	Mrs Frank Truslow, Perryvil	le,Md.RD.
please write		AL CERTIFICATION	INTERVAL BETWEEN
ae l	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
lea	Immediate cause	ary to	
		arynx incident to treatment	
ans	Diseases or conditions, if any. (b) 101 HULLGIDLE CIR.	umatic injuries	
sicia	giving rise to the above cause THE-TO- stating underlying cause last Arteriosclerotic ca	rdiovascular disease	
Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
DOL			Yes No
imi	21a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.	7, 21c. (City or town) (County) " Fikton Cecil	(State)
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	Mue
cial	OF INJURY 18/25/55 12 PM. While at work I	Building caved in.	0/
especially	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy ☒, Inspection □	, Inquiry [], and
is e	find that death resulted from Natural causes [], Acci	dent X, Suicide , Homicide , Undete	rmined cause [].
ge is	July 30 Men	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Oct.17, 1955
ත් ක්	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE		
	REMBUT181 10-19-1955 Asbury	Port Deposit.M	d. Rural
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DUECTOR	ADDRESS
	REG. 10-18-1955 Inine E. Daugherty	yeou, assurong son	12
		Perryville,	Ad.

2 . V UASSUG 5561 12 TOC . 1955 Lea Patherna Line

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9670 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CITY(If outside corporate limits, write RURAL and give nearest tow one nearest flown) CITY(If outside corporate limits, write RURAL and give nearest tow one nearest flown) OR TOWN T

×.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:		
rib	(0 > 10	md C	cil		
leg	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a			
and legibly	OR and give nearest town) (in this place)	OR TOWN north East Q	9 2 X		
	HOSPITAL OR	STREET (If rural give location)	1		
lear	STREET ADDRESS WWW Hash	ADDRESS	,		
death clearly	3. NAME OF (First) DECEASED: (Type or Print) FLESWORTH T. WQ	OF OF	(Year) (Year) 1952		
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNDER 24 HRS.		
s of	male While (Specify): Werree Dec	1 1 1 yrs. 10 1	Hours Min.		
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ROCKRIAN 13. SATHER:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
ne	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
please write the	WM G. Williech	acla 41+414			
WI	(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:			
9	of service) 216-05-6570	Miro Ellesworth I Walbick no	GEROP. W.		
ea	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN		
p	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	(ONSET AND DEATH		
::	1576X IMMEDIATE CAUSE (A) Perito	N(+15-	24		
Physicians:	ANTECEDENT CAUSE (8) DUE TO Walled	CLANDIA -			
ıys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIF TO				
P	STATING UNDERLYING CAUSE LAST.	Da 5 0 00			
nt.	(C) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	way railine			
ta	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
por	DISEASE OR CONDITION CAUSING DEATH.				
important.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	med (Vinding Cueline Mafast	20. AUTOPSY?		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while					
	OF INJURY While While at work at work				
	The state of the s				
	anve on very 150 and mat death occurred at very 1, in, from the causes and on the date stated above				
correct	Willin Certillity M	. D. Will Eust led Co	£38133		
õ	REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or	county) (State)		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		

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BUREAU V. S.

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NO STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 EXAMINER'S CERTIFICATE DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND COUNTY CITY (If optside corporate limits, write RURAL OR and twe parts town) LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) 3. NAME OF 4. DATE (Day) (Year) (Month) DECEASED: (Type or Pring) DEATH 8. DATE OF BIRTH 9. AGE last birthday: | IF UNDER | YEAR | IF UNDER 24 HRS. Months Days 11. BIRTHPLACE (State or foreign country): 14. MOTHER'S MAIDEN NAME: 15. (Yes, no, or unk.) (If Yes, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21f. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED OF INJURY Not while at work [22. I hereby certify that I took charge of the remains described above, held an Autopsy [, Inspection] , Inquiry [], find that death resulted from: Natural causes A, Accident | , Suicide | , Homicide | , Undetermined cause | . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED 23. BURIAL, CREMATION, REMOVAL (Specify): NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) (State) ADDRESS

OCT IN 1955